

# **APPLICATION FOR NATUROPATHIC PHYSICIAN LICENSE**

## **INSTRUCTIONS**

The following application consists of an instruction page and four pages which require responses. Please complete the entire application by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. The Board will consider only those properly completed applications that are received at least thirty (30) days prior to the regularly scheduled meeting of the Board.

The requirements for licensure are detailed in the Naturopathic Physicians Licensing Act, Chapter 51, Title 54, Idaho Code and in the Board rules, IDAPA 24.24.01. Both are available online at <http://ibol.idaho.gov/nat.htm>.

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information, application fee, and initial license fee must be provided. Failure to provide a complete application will result in its return to you.

APPLICATION FEE	\$250.00
<b>AND</b>	
INITIAL LICENSURE FEE	\$250.00

Questions regarding this application or the requirements for licensure may be addressed to:

**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**  
**E-mail - [nat@ibol.idaho.gov](mailto:nat@ibol.idaho.gov)**  
**Web site – <http://www.ibol.idaho.gov>**

**IDAHO BOARD OF NATUROPATHIC MEDICAL EXAMINERS**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**

**APPLICATION FOR NATUROPATHIC PHYSICIAN LICENSE**

(see instructions)

I hereby submit my qualifications and make application to practice as a Naturopathic Physician in the State of Idaho under the provisions of Title 54, Chapter 51, Idaho Code provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_

2. **Address of Record** \_\_\_\_\_  
(The above address is public record)      Street      City      State      Zip

3. **Mailing Address** \_\_\_\_\_  
(The above address is not public record)      Street/PO Box      City      State      Zip

4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                         mm      dd      yyyy

5. **Daytime phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

6. **Have you completed a doctoral level program of supervised resident study in naturopathic medicine?**      [ ]Yes      [ ]No  
(If Yes, official transcripts must be received by the Board directly from the training institution.)

7. **Have you ever passed an examination for naturopathic medicine?**      [ ]Yes      [ ]No  
(If Yes, official certification of your passing score must be received by the Board directly from the examination administrator)

8. **Are you currently or have you ever been licensed to practice naturopathic medicine in any jurisdiction?**      [ ]Yes      [ ]No  
(If Yes, certified documentation must be received by the Board directly from each issuing authority.)

9. **Have you ever had any healthcare license or registration revoked, suspended or otherwise sanctioned?**      [ ]Yes      [ ]No  
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)

10. **Have you ever been convicted of any State or Federal felony?**      [ ]Yes      [ ]No  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

**Complete and attach the entire APPLICATION ADDENDUM.**

**AFFIDAVIT**

I hereby certify that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I possess a good, ethical and professional reputation and that I have reviewed and will comply with the Idaho Laws and Rules, governing the practice of Naturopathic Medicine. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that I may be required to submit additional information in order for my application to be considered by the Board. I also hereby authorize the Bureau to release the information about me provided on and with this application that may otherwise be protected or confidential to other governmental agencies upon request.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**APPLICATION FOR NATUROPATHIC PHYSICIAN LICENSE**

**APPLICATION ADDENDUM**

**A. CHARACTER REFERENCES:** Please provide the names and addresses of three character references below.

<hr/>	<hr/>	<hr/>
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**B. NATUROPATHIC WORK EXPERIENCE:** List your work experience including employers names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS 

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ADDRESS OF BUSINESS 

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EMPLOYERS NAME 

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 PHONE NO. 

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DATES OF EXPERIENCE FROM: 

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 TO: 

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NARRATIVE OUTLINING SCOPE OF DUTIES 

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NAME OF BUSINESS 

---

ADDRESS OF BUSINESS 

---

EMPLOYERS NAME 

---

 PHONE NO. 

---

DATES OF EXPERIENCE FROM: 

---

 TO: 

---

NARRATIVE OUTLINING SCOPE OF DUTIES 

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---

---

NAME OF BUSINESS 

---

ADDRESS OF BUSINESS 

---

EMPLOYERS NAME 

---

 PHONE NO. 

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DATES OF EXPERIENCE FROM: 

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 TO: 

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NARRATIVE OUTLINING SCOPE OF DUTIES 

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(If more space is needed, attach a separate sheet of paper)

(continued)

**APPLICATION FOR NATUROPATHIC PHYSICIAN LICENSE**

**APPLICATION ADDENDUM**

(continued)

**C. PHOTOGRAPH:** Please attach an original passport photograph of yourself taken within 12 months of this application.

**HEIGHT** \_\_\_\_\_

**WEIGHT** \_\_\_\_\_

**ATTACH PHOTOGRAPH HERE**

**EYE COLOR** \_\_\_\_\_

**D. List all undergraduate schools, colleges and educational training programs attended:**

<b>Institution</b>	<b>Address</b>	<b>Degree / Diploma</b>	<b>Dates Attended</b>

**E. List all other professional graduate schools, colleges and educational training programs attended:**

<b>Institution</b>	<b>Address</b>	<b>Degree / Diploma</b>	<b>Dates Attended</b>

**F. CURRENT LICENSES AND CERTIFICATIONS:** Please list below any licenses, certifications, or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

**Licensure/Credential Title** \_\_\_\_\_

**Issuing Entity / Jurisdiction** \_\_\_\_\_

**Date Issued** \_\_\_\_\_ **Current Status** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**If ever disciplined or otherwise sanctioned, list reason, specific sanction description, and attach the official order.**

\_\_\_\_\_

**Licensure/Credential Title** \_\_\_\_\_

**Issuing Entity / Jurisdiction** \_\_\_\_\_

**Date Issued** \_\_\_\_\_ **Current Status** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**If ever disciplined or otherwise sanctioned, list reason, specific sanction description, and attach the official order.**

\_\_\_\_\_

**(If more space is needed, attach a separate sheet of paper.)**